

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 27, 2003	Applicant Identifier 01-265
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b> Legal Name: The Regents of the University of California		Organizational Unit: Division of Agriculture and Natural Resources																					
Address (give city, county, State, and zip code): 1111 Franklin Street, 6th Floor Oakland, Alameda County, California 94607-5200		Name and telephone number of person to be contacted on matters involving this application (give area code) Carol Berman 510-987-0050																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6036494		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">I</span> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> USDA																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-771 TITLE: Rural Cooperative Development		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Advancing Rural Development in California, 2003-04																					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> California Rural Counties		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> <b>RECEIVED</b>          JUN 30 2003  <b>STATE CLEARING HOUSE</b> </div>																					
<b>13. PROPOSED PROJECT</b> Start Date: 10/1/03    Ending Date: 9/30/04	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: District 9    b. Project: Statewide																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">327,748<sup>00</sup></td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">225,612<sup>00</sup></td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;"> <sup>00</sup></td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;"> <sup>00</sup></td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;"> <sup>00</sup></td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;"> <sup>00</sup></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">553,360<sup>00</sup></td></tr> </table>		a. Federal	\$	327,748 <sup>00</sup>	b. Applicant	\$	225,612 <sup>00</sup>	c. State	\$	<sup>00</sup>	d. Local	\$	<sup>00</sup>	e. Other	\$	<sup>00</sup>	f. Program Income	\$	<sup>00</sup>	g. TOTAL	\$	553,360 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/27/03 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	327,748 <sup>00</sup>																					
b. Applicant	\$	225,612 <sup>00</sup>																					
c. State	\$	<sup>00</sup>																					
d. Local	\$	<sup>00</sup>																					
e. Other	\$	<sup>00</sup>																					
f. Program Income	\$	<sup>00</sup>																					
g. TOTAL	\$	553,360 <sup>00</sup>																					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																							
a. Type Name of Authorized Representative Carol Berman		b. Title Contracts and Grants Coordinator																					
c. Telephone Number (510) 987-0050		d. Signature of Authorized Representative e. Date Signed 6/27/03																					

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Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input type="checkbox"/> Pre-application Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 27, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-51-R
5. APPLICANT INFORMATION Amendment #35			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department of Fish and Game	
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter: A): A. State B. County C. Municipal D. Township E. In interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Individual L. Profit Organization M. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide - California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Inland & Anadromous Sport Fish Mgmt. & Research Project. Amendment #35 extends this grant proposal an additional 5 years. New & revised project statements are attached.	
13. PROPOSED PROJECT: Start Date: 07/01/03 Ending Date: 06/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: Statewide (99)	
15. ESTIMATED FUNDING: a. Federal: \$23,077,609 b. Applicant: c. State: \$7,692,536 d. Local: e. Other: f. Program Income: g. TOTAL: \$30,770,145		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: June 27, 2003 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative 15/		e. Date Signed	
Approved for the Secretary of the Interior Signature		Title:	Date

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Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input type="checkbox"/> Pre-application Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>June 24, 2003</b>	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier <b>F-4-D</b>	
5. APPLICANT INFORMATION			
Legal Name: <b>STATE OF CALIFORNIA</b>		Organizational Unit: <b>Department of Fish and Game</b>	
Address (give city, county, state and zip code): <b>Dept. of Fish &amp; Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Carolyn Murata (916) 445-3559</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-1697567</b>		7. TYPE OF APPLICANT: (enter appropriate letter: <b>A</b> ): A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University K. Individual L. Profit Organization M. Other (Specify)	
B. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		9. NAME OF FEDERAL AGENCY: <b>U.S. Department of the Interior U.S. Fish and Wildlife Service</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>15-605</b> TITLE: <b>Sport Fish Restoration Act</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Stream and Lake Improvement</b> Amendment #21 terminates Project #7; slight modification and adds staff to Project #8; Adds 2 jobs to Project #10. Request increase to 5 year plan of \$384,000. Revised project statements attached.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>Statewide</b>			
13. PROPOSED PROJECT: Start Date: <b>07/01/99</b> Ending Date: <b>06/30/04</b>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>3</b> b. Project <b>1</b>	
15. ESTIMATED FUNDING: a. Federal <b>\$3,899,250</b> b. Applicant c. State <b>\$1,299,750</b> d. Local e. Other f. Program Income g. TOTAL <b>\$5,199,000</b>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <b>June 27, 2003</b> b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes", attach an explanation <b>X</b> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative <b>Michael F. Harris</b>		b. Title: <b>Deputy Director, Admin.</b>	c. Telephone Number <b>(916) 653-4633</b>
d. Signature of Authorized Representative <b>[Signature]</b>		e. Date Signed	
Approved for the Secretary of the Interior Signature		Title:	Date

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Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 25, 2003		Applicant Identifier	
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier			
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier			

<b>5. APPLICANT INFORMATION</b> Legal Name: Association of Bay Area Governments Address (give city, county, State, and zip code): P.O. Box 2050 Oakland, CA 94604-2050		Organizational Unit: San Francisco Estuary Project Name and telephone number of person to be contacted on matters involving this application (give area code) 510-464-7910 Eugene Y. Leong, Executive Director	
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<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2832478		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. State  <input type="checkbox"/> B. County  <input type="checkbox"/> C. Municipal  <input type="checkbox"/> D. Township  <input type="checkbox"/> E. Interstate  <input type="checkbox"/> F. Intermunicipal  <input type="checkbox"/> G. Special District         </div> <div style="width: 48%;"> <input type="checkbox"/> H. Independent School Dist.  <input type="checkbox"/> I. State Controlled Institution of Higher Learning  <input type="checkbox"/> J. Private University  <input type="checkbox"/> K. Indian Tribe  <input type="checkbox"/> L. Individual  <input type="checkbox"/> M. Profit Organization  <input checked="" type="checkbox"/> N. Other (Specify) <u>local govt.</u> </div> </div>	
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<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px;">A C</span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):		<b>9. NAME OF FEDERAL AGENCY:</b> US Environmental Protection Agency Region 9	
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Clean Water Act    66-456 TITLE: Sect. 320 National Estuary Prog.		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> San Francisco Estuary Project Implementation of Comprehensive Conservation and Management Plan (CCMP) San Mateo, Yolo	
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Alameda Contra Costa, Marin, Napa, Sonoma, Sacramento Santa Clara, San Francisco, San Joaquin,		<b>13. PROPOSED PROJECT</b>	
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<b>14. CONGRESSIONAL DISTRICTS OF:</b> Start Date: 9/1/03    Ending Date: 12/31/04    a. Applicant: 9		b. Project: 1-3, 6-10, 12-16	
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<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%;">406,685</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>18,000</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>410,000</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>834,685</td> <td>.00</td> </tr> </table>		a. Federal	\$	406,685	.00	b. Applicant	\$	18,000	.00	c. State	\$	410,000	.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	834,685	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>June 24, 2003</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	406,685	.00																												
b. Applicant	\$	18,000	.00																												
c. State	\$	410,000	.00																												
d. Local	\$		.00																												
e. Other	\$		.00																												
f. Program Income	\$		.00																												
g. TOTAL	\$	834,685	.00																												

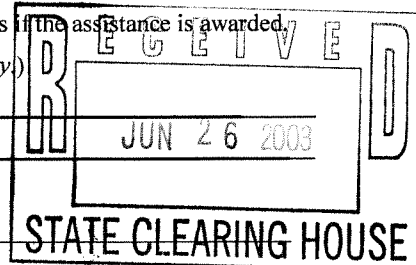
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
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a. Type Name of Authorized Representative Eugene Y. Leong		b. Title Executive Director		c. Telephone Number 510-464-7910	
d. Signature of Authorized Representative 		e. Date Signed 6/25/03			

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/27/03		Applicant Identifier N/A	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: San Diego County Sheriff's Department			Organizational Unit: Sheriff		
Address (give city, county, state, and zip code) P.O. Box 429000 9621 Ridgehaven Court San Diego, CA 92123			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: James W. Baumgart Phone: (858) 571-4221		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000934			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2003 Technology grant program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Diego Users Network (SUN) Upgrade		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 2/20/2003	Ending Date 2/19/2004	a. Applicant 49, 50, 51, 52, 53		b. Project 49, 50, 51, 52, 53	
16. ESTIMATED FUNDING:			18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1241875.00		a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	.00		DATE 06/27/03	
c. State	\$	.00		b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$	.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	.00			
f. Program Income	\$	.00			
g. TOTAL	\$	.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative William B. Kolender		b. Title Sheriff		c. Telephone number (858) 974-2240	
d. Signature of Authorized Representative <i>Bill Kolender</i>				e. Date Signed 6-27-03	



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 20, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> State Center Community College District	<b>Organizational Unit:</b> University Center Export Program
<b>Address (give city, county, State, and zip code):</b> 550 East Shaw Avenue, Suite 155 Fresno, CA 93710	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> 1-888-638-7888

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  

9	4	—	1	5	7	4	8	0	2
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**7. TYPE OF APPLICANT: (enter appropriate letter in box)**

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
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**8. TYPE OF APPLICATION:**  
☐ New    ☒ Continuation    ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐  
 A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other(specify): \_\_\_\_\_  

RECEIVED  
 JUN 25 2003  
 STATE CLEARING HOUSE

**9. NAME OF FEDERAL AGENCY:**  
 U.S. Dept of Commerce, Economic Development Admin.

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  

STATE CLEARING HOUSE

1	1	—	3	0	3
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**TITLE:**  
**2. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 See Attached Page

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 University Center Export Program  
  
 Technical Assistance - University Center Program

<b>13. PROPOSED PROJECT</b> <table style="width:100%;"> <tr> <td style="width:50%;"> <b>Start Date</b> 7/1/03             </td> <td style="width:50%;"> <b>Ending Date</b> 6/30/04             </td> </tr> </table>	<b>Start Date</b> 7/1/03	<b>Ending Date</b> 6/30/04	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <table style="width:100%;"> <tr> <td style="width:50%;"> <b>a. Applicant</b> 19th             </td> <td style="width:50%;"> <b>b. Project</b> 3; 15-20; 37 &amp; 45             </td> </tr> </table>	<b>a. Applicant</b> 19th	<b>b. Project</b> 3; 15-20; 37 & 45
<b>Start Date</b> 7/1/03	<b>Ending Date</b> 6/30/04				
<b>a. Applicant</b> 19th	<b>b. Project</b> 3; 15-20; 37 & 45				

**15. ESTIMATED FUNDING:**

a. Federal	\$	110,000	.00
b. Applicant	\$	40,000	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	150,000	.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE \_\_\_\_\_  
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes If "Yes," attach an explanation.    ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

<b>a. Type Name of Authorized Representative</b> Douglas Brinkley	<b>b. Title</b> Vice Chancellor Finance & Admin.	<b>c. Telephone Number</b> (559) 244-5910
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b>



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 19, 2003		Applicant Identifier	
3. DATE RECEIVED BY STATE		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-103-1 Amendment #1	
5. APPLICANT INFORMATION					
Legal Name: <b>STATE OF CALIFORNIA</b>			Organizational Unit: <b>Department of Fish and Game</b>		
Address (give city, county, state and zip code): <b>Dept. of Fish &amp; Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814</b>			Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Carolyn Murata (916) 445-3559</b>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-1697567</b>			7. TYPE OF APPLICANT: (enter appropriate letter: <u>A</u> ): A. State H. Independent School Dist. B. County I. State Controlled Instruction C. Municipal or Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> A <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			9. NAME OF FEDERAL AGENCY: <b>U.S. Department of the Interior U.S. Fish and Wildlife Service</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>15-605</b> TITLE: <b>Sport Fish Restoration Act</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Nimbus Hatchery Visitor Center Construction. (Environmental Enhancement and Mitigation Program) Amendment #1 - to increase funding for overhead costs.</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>Sacramento County</b>					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date <b>10/1/2000</b>		Ending Date <b>6/30/2003</b>	a. Applicant <b>3</b>		b. Project <b>3</b>
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	<b>\$292,000.00</b>		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <u>June 25, 2003</u>		
b. Applicant			b. NO. <u>      </u> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State	<b>\$437,000.00</b>		<u>      </u> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local			17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <u>      </u> Yes If "Yes", attach an explanation <u>X</u> No		
e. Other					
f. Program Income					
g. TOTAL	<b>\$729,000.00</b>				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative <b>Michael F. Harris</b>			b. Title: <b>Deputy Director, Admin.</b>		c. Telephone Number <b>(916) 653-4633</b>
d. Signature of Authorized Representative <i>Michael F. Harris</i>			e. Date Signed <b>6/24/03</b>		
Approved for the Secretary of the Interior			Title:		Date
Signature					

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE2. DATE SUBMITTED  
June 24, 2003

Applicant Identifier

## 1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

The Foundation for CSUSB

Organizational Unit:

The Water Resources Institute

Address (give city, county, State, and zip code):

5500 University Parkway  
San Bernardino, CA. 92407

Name and telephone number of person to be contacted on matters involving this application (give area code)

Jeff Davis (909) 880-7681

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6067343

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify)

## 9. NAME OF FEDERAL AGENCY:

Environmental Protection Agency

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-606

TITLE: Surveys, Studies, &amp; Investgns. &amp; Special Purpose Grnts

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Santa Ana River Watershed Research and Training Program

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

San Bernardino, Riverside, &amp; Orange Counties - California

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date

Ending Date

a. Applicant

b. Project

10/1/03

9/30/04

41

41, 45, 48

## 15. ESTIMATED FUNDING:

a. Federal

\$

223,491

b. Applicant

\$

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$

223,491

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 06/25/03

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

James F. Santo

b. Title

Executive Director

c. Telephone Number

(909) 880-5918

d. Signature of Authorized Representative

e. Date Signed

6/25/03

# DOT



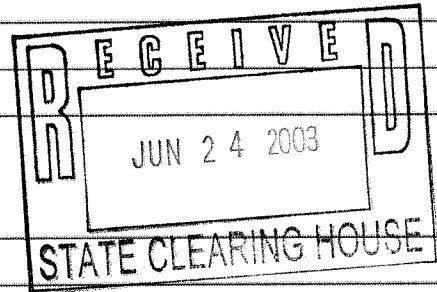
# FTA

U.S. Department of Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0392-12
Budget Number:	16 - Budget Pending Approval
Project Information:	Metro Rail - Segment 3 - North Hollywood



### Part 1: Recipient Information

Project Number:	CA-03-0392-12
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

### Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$49,781,564
Project Number:	CA-03-0392-12	Adjustment Amt:	\$0
Project Description:	Metro Rail - Segment 3 - North Hollywood	Total Eligible Cost:	\$49,781,564
Recipient Type:	Transit Authority	Total FTA Amt:	\$39,825,251
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Charlene Lee Lorenzo	Total Local Amt:	\$9,956,313
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$136,905,042
Fed Dom Asst. #:	20500	Special Condition:	None
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
		S.C. Eff. Date:	None Specified

State Appl. ID:	07LA29202X
Start/End Date:	-
Recvd. By State:	Jun. 18, 2003
EO 12372 Rev:	YES
Review Date:	May. 15, 2003
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

### **Congressional Districts**

State ID	District Code	District Official
6	27	Brad Sherman
6	30	Henry A Waxman
6	33	Diane E Watson
6	28	Howard L Berman
6	34	Lucille Roybal-Allard
6	31	Xavier Becerra

### **Project Details**

#### **AMENDMENT NO. 12**

The Los Angeles County Metropolitan Transportation Authority (MTA) is requesting Amendment 12 to Grant No. CA-03-0392 for the FY03 increment of Section 5309 New Starts funding of \$39,825,251 for the Metro Red Line North Hollywood project.

There are still \$663,689 of Section 5309 New Starts funds remaining in the balance of the FFGA for the North Hollywood project

# DOT



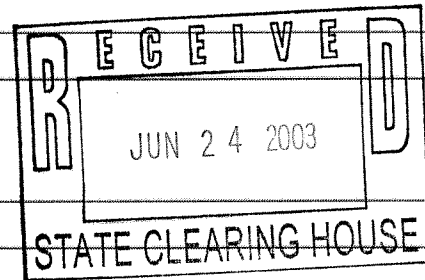
# FTA

U.S. Department of Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-X575-12
Budget Number:	17 - Budget Pending Approval
Project Information:	MOS-3 Metro Red Line



### Part 1: Recipient Information

Project Number:	CA-90-X575-12
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

### Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	-\$1,440,875
Project Number:	CA-90-X575-12	Adjustment Amt:	\$0
Project Description:	MOS-3 Metro Red Line	Total Eligible Cost:	-\$1,440,875
Recipient Type:	Transit Authority	Total FTA Amt:	-\$1,275,607
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Charlene Lee Lorenzo	Total Local Amt:	-\$165,268
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Decrease Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None
Sec. of Statute:	5307..	S.C. Tgt. Date:	None Specified
State Annl ID:	071 A29202X	S.C. Eff Date:	None Specified

Start/End Date:	Nov. 01, 2002 - Jun. 30, 2003
Recvd. By State:	Jun. 18, 2003
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002
Program Page:	152..
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

### **Congressional Districts**

State ID	District Code	District Official
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon

## FEDERAL ASSISTANCE

2. DATE SUBMITTED  
May 15, 2003

ant Identifier

## 1. TYPE OF SUBMISSION:

Application  
☐ Construction  
☒ Non-ConstructionPreapplication  
☐ Construction  
☒ Non-Construction

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

County of Orange

Address (give city, county, State, and zip code):

1770 N. Broadway  
Santa Ana, Orange, CA 92706

Organizational Unit:

Housing and Community Development Dept.

Name and telephone number of person to be contacted on matters involving this application (give area code)

Paula Burrier-Lund (714) 480-2805

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6000928

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

- ☐ State  
☐ B. County  
☐ C. Municipal  
☐ D. Township  
☐ E. Interstate  
☐ F. Intermunicipal  
☐ G. Special District  
☒ H. Independent School Dist.  
☐ I. State Controlled Institution of Higher Learning  
☐ J. Private University  
☐ K. Indian Tribe  
☐ L. Individual  
☐ M. Profit Organization  
☐ N. Other (Specify) \_\_\_\_\_

## 8. TYPE OF APPLICATION:

☒ New    ☐ Continuation    ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

- A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other(specify): \_\_\_\_\_

## 9. NAME OF FEDERAL AGENCY:

U.S. Department of Housing and Urban Development

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

14-218

TITLE: Community Development Block Grants

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Urban County Jurisdiction - Orange County

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Application for Community Development Block Grants funding for FY 2003-2004. Activities include public improvements, housing and commercial rehabilitation, acquisition of real property, and public services.

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date

7/1/03

Ending Date

6/30/04

a. Applicant

40, 42, 46, 47, 48

b. Project

40, 42, 46, 47, 48

## 15. ESTIMATED FUNDING:

a. Federal	\$	5,402,000 <sup>00</sup>
b. Applicant	\$	<sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	571,270 <sup>00</sup>
g. TOTAL	\$	5,973,270 <sup>00</sup>

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 05/14/03

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.    ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Paula Burrier-Lund

b. Title

Director

c. Telephone Number

(714) 480-2805

d. Signature of Authorized Representative

e. Date Signed

6-5-03

Previous Edition Usable  
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Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 19, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department of Aging	
Address (give city, county, State, and zip code): 1600 K Street Sacramento, California 95814		Name and telephone number of person to be contacted on matters involving this application (give area code): Johnna Meyer, Policy Manager, (916) 322-0788 AAA-Based Team 3	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 914-6001347		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px;">A</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px;">JUN 24 2003</span> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-10deg); opacity: 0.5;">RECEIVED JUN 24 2003 STATE CLEARING HOUSE</div>		9. NAME OF FEDERAL AGENCY: U.S. Department of Labor, Employment & Training Admin.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;">17-235</div> TITLE: Senior Community Service Employment Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior Community Service Employment Program will provide subsidized part-time employment opportunities in communities for low-income persons aged 55 and older.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California (Exhibit E)			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant California	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 7,592,805 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 1,690,050 <sup>00</sup>		
c. State	\$ 2,022,000 <sup>00</sup>		
d. Local	\$ _____ <sup>00</sup>		
e. Other	\$ _____ <sup>00</sup>		
f. Program Income	\$ _____ <sup>00</sup>		
g. TOTAL	\$ 11,304,855 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Lynda Terry		b. Title Director	c. Telephone Number (916) 322-5290
d. Signature of Authorized Representative <i>Lynda Terry</i>		e. Date Signed 6/20/03	



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 16, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: <b>CITY OF TEHACHAPI</b>		Organizational Unit: <b>TEHACHAPI CITY FIRE DEPARTMENT</b>																													
Address (give city, county, State, and zip code): <b>115 SOUTH ROBINSON ST. TEHACHAPI, CA. 93561</b>		Name and telephone number of person to be contacted on matters involving this application (give area code): <b>TIMOTHY B. McLAUGHLIN 661 822-2230</b>																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 5 — 6 0 0 0 8 0 1           </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">C</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">             A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District           </div> <div style="width: 48%;">             H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____           </div> </div>																													
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award D. Decrease Duration</div> <div style="width: 30%;">B. Decrease Award Other(specify):</div> <div style="width: 30%;">C. Increase Duration</div> </div>		<b>9. NAME OF FEDERAL AGENCY:</b> <b>USDA COMMUNITY FACILITIES</b>																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 0 — 7 6 6           </div> TITLE:		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>ENGINE HOUSE FOR FIRE STATION</b>																													
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <b>TEHACHAPI AND KERN COUNTY</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;">             RECEIVED              JUN 24 2003              STATE CLEARING HOUSE           </div>																													
<b>13. PROPOSED PROJECT</b>																															
<b>14. CONGRESSIONAL DISTRICTS OF:</b> <span style="font-size: 1.2em;">21 st</span>																															
Start Date 10/1/03	Ending Date 1/1/04	a. Applicant <b>CITY OF TEHACHAPI</b>	b. Project <b>ENGINE HOUSE</b>																												
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">70,936</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">10,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">80,936</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	70,936	.00	b. Applicant	\$	10,000	.00	c. State	\$	0	.00	d. Local	\$	0	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	80,936	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>06/16/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	70,936	.00																												
b. Applicant	\$	10,000	.00																												
c. State	\$	0	.00																												
d. Local	\$	0	.00																												
e. Other	\$	0	.00																												
f. Program Income	\$	0	.00																												
g. TOTAL	\$	80,936	.00																												
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																															
a. Type Name of Authorized Representative <b>TIMOTHY B. McLAUGHLIN</b>		b. Title <b>FIRE CHIEF</b>																													
c. Telephone Number <b>(661) 822-2230</b>		e. Date Signed <span style="font-size: 1.2em;">6/16/03</span>																													
d. Signature of Authorized Representative 																															

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): James Kuykendall (916) 341-5874	
10. Catalog of Federal Domestic Assistance Number 66.458 Title: Capitalization Grants for State Revolving Funds		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 7/1/03 End Date 6/30/13		11. Descriptive Title of Applicant's Project: To achieve statewide compliance with water quality objectives.	
15. ESTIMATED FUNDING: a. Federal \$94,726,665 b. Applicant \$0 c. State \$18,945,333 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$113,671,998		14. Congressional District of: Applicant: 3 Project: STATE CLEARING HOUSE	
		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: June 20, 2003 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

## Standard Form 424

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0340-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED JUN 23 2003		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: <u>Antelope Valley Transit Authority</u>			Organizational Unit:		
Address (give city, county, State, and zip code): <u>1031 West Ave. L-12</u> <u>Lancaster, CA 93534</u>			Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Ron Cunningham</u> <u>661-726-2616 Ext. 209</u>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>95-4377119</u>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <u>G</u>		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <u>A</u> <u>C</u> <u>other</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): <u>increase scope</u>			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>Federal Transit--Capital</u> <u>20</u> - <u>500</u> <u>Program Grant and Loans</u>			9. NAME OF FEDERAL AGENCY: <u>U.S. Department of Transportation</u> <u>Federal Transit Administration</u>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Antelope Valley portion of northern</u> <u>Los Angeles County, California</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>New Maintenance &amp; Operations</u> <u>Facility - Phase II: Design &amp;</u> <u>Project Management, construction</u>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date <u>7-1-03</u>	Ending Date <u>3-31-05</u>	a. Applicant <u>25</u>		b. Project <u>25</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>491,839</u>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ <u>122,940</u>	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
e. Other	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
f. Program Income	\$	a. Type Name of Authorized Representative <u>William Budlong</u>		c. Telephone Number <u>661-726-2616 Ext 203</u>	
g. TOTAL	\$ <u>614,799</u>	b. Title <u>Executive Director</u>		e. Date Signed <u>6/23/03</u>	
d. Signature of Authorized Representative <u>William Budlong</u>		Previous Edition Usable			

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Palmdale School District

Address: 39139 N. 10<sup>th</sup> Street East

### Organizational Unit

**Palmdale School District**  
**Los Amigos Dual Immersion**  
**Magnet School**

Palmdale CA Los Angeles 93550 - 3419  
City State County ZIP Code + 4

2. Applicant's D-U-N-S Number 6 2 0 6 4 2 4 2 1 1

6. Novice Applicant Yes ☒ No

3. Applicant's T-I-N 9 5 - 6 0 2 3 4 2

7. Is the applicant delinquent on any Federal debt? Yes ☒ No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84

Title: FOREIGN LANGUAGE ASSISTANCE PROGRAM GRANT 8. Type of Applicant (Enter appropriate letter in the box.) F

5. Project Director: Dr. Linda Wagner

A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or  
University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

Address: Palmdale School District, 39139 N. 10<sup>th</sup> Street East

Palmdale CA 93550-3419  
City State Zip code + 4

Tel. #: (661) 285-1546 Fax #: (661) 285-1648

E-Mail Address: lkwagner@psd.k12.ca.us

K - Other (Specify): \_\_\_\_\_

## Application Information

### 9. Type of Submission:

-PreApplication -Application  
Construction Construction  
☒ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372  
process for review):     /     /    

☒ No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.

☒ Program has not been selected by State for review.

11. Proposed Project Dates: 9 / 1 / 03 8 / 31 / 06  
Start Date: End Date:

12. Are any research activities involving human subjects planned at  
any time during the proposed project period?

Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be  
exempt from the regulations?

Yes (Provide Exemption(s) #): \_\_\_\_\_

No (Provide Assurance #): \_\_\_\_\_

13. Descriptive Title of Applicant's Project:

Los Amigos Dual Immersion Magnet School

## Estimated Funding

14a. Federal \$ 174,920 .00

b. Applicant \$ 175,500 .00

c. State \$ \_\_\_\_\_ .00

d. Local \$ \_\_\_\_\_ .00

e. Other \$ \_\_\_\_\_ .00

f. Program Income \$ \_\_\_\_\_ .00

g. TOTAL \$ 374,932 .00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Robert Rice

b. Title: Superintendent

c. Tel. #: (661) 947-7191 Fax #: (661) 273-5137

d. E-Mail Address: RDRice@psd.k12.ca.us

e. Signature of Authorized Representative

[Signature]

Date: 6/10/03

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 20, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> California Human Development Corporation	<b>Organizational Unit:</b> Farmworker Services
<b>Address (give city, county, State, and zip code):</b> 3315 Airway Drive, Santa Rosa, Sonoma County, CA 95403	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> George L. Ortiz, President/CEO, (707)523-1155

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  

9

4

 — 

1

6

5

3

0

2

3

**8. TYPE OF APPLICATION:**  

☒ New
 ☐ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other(specify): \_\_\_\_\_

**7. TYPE OF APPLICANT: (enter appropriate letter in box)**

N

A. State  
 B. County  
 C. Municipal  
 D. Township  
 E. Interstate  
 F. Intermunicipal  
 G. Special District

H. Independent School Dist.  
 I. State Controlled Institution of Higher Learning  
 J. Private University  
 K. Indian Tribe  
 L. Individual  
 M. Profit Organization  
 N. Other (Specify) nonprofit CBO

**9. NAME OF FEDERAL AGENCY:**  
 US Dept. of Labor/Employment and Training Admin.

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  

1

7

 — 

2

4

7

  
 TITLE: Workforce Investment Act

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 Napa and Sonoma Counties, California

<b>13. PROPOSED PROJECT</b> Start Date: 7/1/03    Ending Date: 6/30/04	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: CA 6 b. Project: CA 6 & 1
---	--

**15. ESTIMATED FUNDING:**

a. Federal	\$		150,000	.00
b. Applicant	\$			.00
c. State	\$			.00
d. Local	\$			.00
e. Other	\$			.00
f. Program Income	\$			.00
g. TOTAL	\$		150,000	.00

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes    If "Yes," attach an explanation.    ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative George L. Ortiz	b. Title President/CEO	c. Telephone Number (707) 523-1155
d. Signature of Authorized Representative		e. Date Signed: 06-18-03

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application      Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: <b>Pratt Mutual Water Company</b> Address (give city, county, state, and zip code): P.O. Box 598 Tulare, CA 93275	Organizational Unit: <b>N/A</b> Name and telephone number of person to be contacted on matters involving this application (give area code):  <b>Fred Hughes (559) 688-1334</b>
6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 - 6 0 7 9 7 1 8           </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="float: right; border: 1px solid black; padding: 2px;">N</span> <div style="display: flex; justify-content: space-between;"> <div>             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div>             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>Mutual Water Co.</u> </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New      <input type="checkbox"/> Continuation      <input type="checkbox"/> Revision           </div> If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>             A. Increase Award              D. Decrease Duration           </div> <div>             B. Decrease Award              Other (specify):           </div> <div>             c. Increase Duration           </div> </div>	9. NAME OF FEDERAL AGENCY: <b>Rural Utilities Service            USDA, Rural Development</b>
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">             1 0 - 7 6 0           </div> TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>Replacement well for #2</b>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  <b>Matheny Tract, Tulare, Tulare County, CA</b>	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
6/2/03	6/2/04	<b>Pratt Mutual Water Co.</b>	<b>New Well</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 500,000.00	
b. Applicant	\$ 0.00	
c. State	\$ 0.00	
d. Local	\$ 0.00	
e. Other	\$ 0.00	
f. Program Income	\$ 0.00	
g. Total	\$ 500,000.00	

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
☐ YES (Attach explanation)      ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <b>Fred Hughes</b>	b. Title <b>PMWC Board President</b>	c. Telephone Number <b>(559) 688-1334</b>
d. Signature of Authorized Representative 		e. Date Signed <b>6-16-03</b>

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Central Sierra Resource Conservation & Development			Organizational Unit: Central Sierra RC&D		
Address (give city, county, State, and zip code): 235 New York Ranch Road, Ste. C Jackson, CA 95642			Name and telephone number of person to be contacted on matters involving this application (give area code): Lee Seaton, Chairperson (209) 533-0361 x242		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 42-1586578			7. TYPE OF APPLICANT: (enter appropriate letter in box) [N]		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Nonprofit</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-901			9. NAME OF FEDERAL AGENCY: Natural Resources Conservation Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alpine, Amador, Calaveras, & Tuolumne			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Central Sierra RC&D Program implementation		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/1/2003	Ending Date 12/30/04	a. Applicant 3		b. Project 3, 19	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 34,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6-19-03</u>			
b. Applicant	\$ .00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ .00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ .00				
f. Program Income	\$ .00				
g. TOTAL	\$ 34,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Lee Seaton		b. Title Chairperson		c. Telephone Number (209) 533-0361 x242	
d. Signature of Authorized Representative <i>Lee Seaton</i>				e. Date Signed 6-19-03	

Application for  
Federal Assistance

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/22/2003		Application Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 1263 (Rev 4)	
5. APPLICANT INFORMATION					
Legal Name Bay Area School Reform Collaborative			Organizational Unit Best Practices Network		
Address (give city, county, state, and zip code) 181 Fremont Street 2nd Floor San Francisco, CA 94105 San Francisco			Name and telephone number of the person to be contacted on matters involving this application (give area code) Dr. Merrill Vargo 415 - 348 - 5500 mvargo@basrc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 3 2 2 7 6 5 5					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			7. TYPE OF APPLICANT: (Enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Education J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify) <u>non profit school reform org.</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552 TITLE: Technology Opportunities Program			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Directly, School Districts in Six Bay Area Counties (Marin, Contra Costa, Alameda, San Francisco, San Mateo and Santa Clara)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: BAY AREA SCHOOL REFORM BEST PRACTICES NETWORK to develop and implement four interactive technology applications to assist schools and school districts in their school reform efforts to improve the achievement of all students esp. those of color, English language learners, and disadvantaged students		
13. PROPOSED PROJECT: Start Date 10/01/2003 Ending Date 06/30/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 8 b. Project 6,7,8,9,10,11,12,13,14,15			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 698,934 .00	a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/22/2003 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ 1,164,531 .00				
c. State	\$ 0 .00				
d. Local	\$ 0 .00				
e. Other	\$ 0 .00				
f. Program Income	\$ 0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation No <input checked="" type="checkbox"/>			
g. TOTAL	\$ 1,863,465 .00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed name of Authorized Representative Dr. Merrill Vargo		b. Title Executive Director		c. Telephone Number 415 - 348 - 5500	
d. Signature of Authorized Representative 				e. Date Signed 4.21.03	

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Standard Form 424 (REV 4-92)  
Prescribed by OMB Circular A-102



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED:	Applicant Identifier
<input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: PRINCETON WATER WORKS DISTRICT		Organizational Unit: PUBLIC BODY	
Address (give city, county, State, and zip code): PO Box 224 PRINCETON, CA 95970 COLUSA, CALIF		Name and telephone number of person to be contacted on matters involving this application (give area code): ANDY FERRENDELLI (530) 439-2389	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000508		7. TYPE OF APPLICANT: (enter appropriate letter in box) 6	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: EMERGENCY COMMUNITY 10-763 TITLE: WATER ASSISTANCE GRANT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CONSTRUCTION OF A NEW WELL & REHAB AN EXISTING WELL.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): PRINCETON, CA IN COLUSA CO.		14. CONGRESSIONAL DISTRICTS OF: 2	
13. PROPOSED PROJECT NEW WELL		14. CONGRESSIONAL DISTRICTS OF: 2	
Start Date 8/1/03	Ending Date 11/1/03	a. Applicant 2	b. Project 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 400,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/19/03	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative ANDY FERRENDELLI	b. Title PRESIDENT	c. Telephone Number 530 439-2389	
d. Signature of Authorized Representative Andy Ferrendelli	e. Date Signed 6/19/03		

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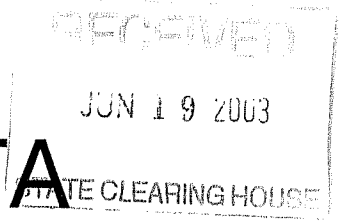
Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 01/16/03	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Bakersfield College Foundation		Organizational Unit: N/A	
Address (give city, county, State, and zip code): 2100 Chester Avenue, Suite 9 Bakersfield, CA 93301		Name and telephone number of person to be contacted on matters involving this application (give area code) Jeff Johnson 661-295-4126	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 51 — 0151490		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>non-profit</u> </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">N</div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> USDA	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right;">10 — 766</div> TITLE: _____		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Broadband Internet connection for/Arvin/Lamont/Weedpatch	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Arvin, Lamont and Weedpatch			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 9-1-03	Ending Date 8-31-04	a. Applicant 20th	b. Project 20th
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 30,000 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6-13-03</u>  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ 147,021 .00		
e. Other	\$ 177,021 .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 177,021 .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Walt Howard		b. Title Director	c. Telephone Number 661-395-4273
d. Signature of Authorized Representative		e. Date Signed JUN 19 2003	

**DOT****FTA**U.S. Department of  
Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-Y050-01
Budget Number:	2 - Budget Pending Approval
Project Information:	FY01 - Capital Assistance

### Part 1: Recipient Information

Project Number:	CA-90-Y050-01
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

### Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	-\$10,837,438
Project Number:	CA-90-Y050-01	Adjustment Amt:	\$0
Project Description:	FY01 - Capital Assistance	Total Eligible Cost:	-\$10,837,438
Recipient Type:	Transit Authority	Total FTA Amt:	-\$8,669,950
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe 213-922-2459	Total Local Amt:	-\$2,167,488
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Decrease Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Annl ID:	None Specified	S.C. Eff Date:	None Specified

Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	
Program Page:	1225
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

### **Congressional Districts**

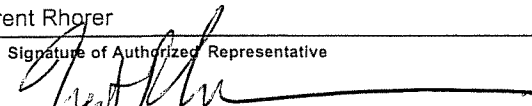
State ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b>  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 06/11/03		Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier
<b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier R9# 03 - 250
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> Mission Springs Water District			<b>Organizational Unit:</b>	
<b>Address (give city, county, state, and zip code):</b> 66575 Second Street Desert Hot Springs, CA 92240-3771 Riverside County			<b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b>  John Soulliere 760/329-6448	
<b>6. EMPLOYER IDENTIFICATION (EIN):</b> 9 5 --6005475			<b>7. TYPE OF APPLICANT: (enter appropriate letter here)</b> <u>G</u> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal          M. Profit Organization G. Special District        N. Other (Specify):	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award      B. Decrease Award C. Increase Duration    D. Decrease Duration Other Specify:			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Environmental Protection Agency	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>66--606</u> <b>TITLE:</b> Special Purpose Grant			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  Desert Hot Springs Groundwater Protection Project	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Desert Hot Springs, California				
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICT OF:</b>		
<b>Start Date</b> 09/01/03	<b>End Date</b> 07/01/05	<b>a. Applicant:</b> California 41 <sup>st</sup> & 45 <sup>th</sup>		<b>b. Project</b> California 41 <sup>st</sup> & 45 <sup>th</sup>
<b>15. Estimated Funding:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
<b>a. Federal</b>	\$ 650,500.00	<b>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:</b>		
<b>b. Applicant</b>	\$	DATE <u>06/11/03</u>		
<b>c. State</b>	\$ 2,200,000.00	<b>b. NO.</b> <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>d. Local</b>	\$ 1,615,953.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
<b>e. Other</b>	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
<b>f. Program Income</b>	\$			
<b>g. TOTAL</b>	\$ 4,466,453.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Typed Name of Authorized Representative.</b> Refugio Bocanegra		<b>b. Title:</b> General Manager		<b>c. Telephone Number</b> 760/329-6448
<b>d. Signature of Authorized Representative</b> <i>Refugio Bocanegra</i>				<b>e. Date Signed</b> 6-11-03

**COPY**

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
<b>5. APPLICANT INFORMATION</b>																								
Legal Name: San Francisco Department of Human Services		Organizational Unit: Division of Housing and Homeless Services																						
Address (give city, county, state, and zip code): P.O. Box 7988 San Francisco, CA 94120-7988		Name and telephone number of the person to be contacted on matters involving this application (give area code): Daniel Kelly Director of Planning 415-557-5871																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 6 0 0 0 4 1 7         </div>		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <span style="border: 1px solid black; padding: 0 5px;">B</span>																						
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration      Other (specify): _____		A. State      H. Independent School Dist. B. County      I. State Controlled Institution of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (Specify): _____																						
		<b>9. NAME OF FEDERAL AGENCY:</b> Substance Abuse and Mental Health Administration																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           [ ] [ ] - [ ] [ ] [ ] [ ]         </div> TITLE: CHANGES		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> CHANGES is a homeless management information system for the San Francisco Department of Human Services' single adult homeless shelters.																						
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.): City and County of San Francisco, California		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   <b>JUN 18 2003</b> </div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;"> <b>STATE CLEARINGHOUSE</b> </div>																						
<b>13. PROPOSED PROJECT:</b> Start Date: 8/1/03      Ending Date: 7/31/04																								
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 8th District      b. Project: 8th District																								
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>149,025.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>360,975.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>510,000.00</td> </tr> </table>		a. Federal	\$	149,025.00	b. Applicant	\$	360,975.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	510,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 6/17/03 b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	\$	149,025.00																						
b. Applicant	\$	360,975.00																						
c. State	\$	.00																						
d. Local	\$	.00																						
e. Other	\$	.00																						
f. Program Income	\$	.00																						
g. TOTAL	\$	510,000.00																						
		<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES      If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																								
a. Typed Name of Authorized Representative Trent Rhorer		b. Title Executive Director	c. Telephone number (415) 557-6541																					
d. Signature of Authorized Representative 		e. Date Signed 6/17/03																						

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 6/16/03	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: <u>SOUTH TULARE COUNTY MEMORIAL DISTRICT</u>		Organizational Unit:	
Address (give city, county, State, and zip code): <u>P.O. BOX 1014B, EARLHART, CA</u> <u>93219-014B</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>JOE McPHERTRIDGE 559-757-3870</u>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <u>94-6024065</u>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div>           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____         </div> </div> <div style="text-align: right; font-size: 2em; border: 1px solid black; padding: 2px;">G</div>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> <u>USDA RURAL DEVELOPMENT</u>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>10-766</u> TITLE: <u>COMMUNITY FACILITIES LOANS AND GRANTS</u>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>REPLACE HVAC SYSTEM</u> <u>TIPTON MEMORIAL BLDG.</u>	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <u>TIPTON, TULARE COUNTY, USA</u>		<div style="border: 2px solid black; padding: 10px; display: inline-block;">             RECEIVED               JUN 18 2003               STATE CLEARING HOUSE           </div>	
<b>13. PROPOSED PROJECT</b>			
Start Date <u>OCT. 2003</u>	Ending Date <u>SEPT. 2004</u>	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <u>Devin Nunes</u>	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ <u>60,000</u> <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/16/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ _____ <sup>00</sup>		
c. State	\$ _____ <sup>00</sup>		
d. Local	\$ <u>20,000</u> <sup>00</sup>		
e. Other	\$ _____ <sup>00</sup>		
f. Program Income	\$ _____ <sup>00</sup>		
g. TOTAL	\$ <u>80,000</u> <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative <u>Joe Ray McPhetridge</u>		b. Title <u>DIRECTOR</u>	c. Telephone Number <u>559-757-3870</u>
d. Signature of Authorized Representative <u>Joe Ray McPhetridge</u>		e. Date Signed <u>6/13/03</u>	

# APPLICANT FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED

June 12, 2003

Applicant Identifier

3. DATE RECEIVED BY

State Application Identifier

4. DATE RECEIVED BY AGENCY

Federal Identifier

1. TYPE SUB:

Application

Preapplication

Instruction

Construction

Non-Construction

Non-Construction

## 5. APPLICANT INFORMATION

Legal Name: Lakeside Union Elem. Sch. Dist.

Address (give county, state, and zip code):

9100 Jersey Ave.

Hanford, California 93230

Organizational Unit: School District

Name and telephone number of person to be contacted on matters involving application (give area code)

Dean Fetterhoff or Angela Scott

(559) 582-2868

6. EMPLOYER IDENTIFICATION (EIN):

77-0135892

TYPE OF APPLICANT: (enter appropriate letter in box)

8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

State  
County  
Municipal  
Township  
Interstate  
Intermunicipal  
Special District

H. Independent School Dist.  
I. State Controlled Institution of Higher Learning  
J. Private University  
K. Indian Tribe  
L. Individual  
M. Profit Organization  
N. Other (Specify)

NAME OF FEDERAL AGENCY:

U.S.D.A.-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

10-766

DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Gardenside Playground Equipment

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Lakeside Union Elem. Sch. Dist., Hanford

Gardenside section of Hanford, CA

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS:

Start Date

Ending Date

a. Applicant

10/1/03

9/30/04

20th Cong. Dist.

15. ESTIMATED FUNDING

a. Federal	\$	18,000.00
b. Applicant	\$	6,000.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. Total	\$	24,000.00

b. Project

20th Cong. Dist.

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE June 12, 2003

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Jean Fetterhoff

b. Title

Interim CEO

c. Telephone Number

(559) 582-2868

d. Signature of Authorized Representative

e. Date Signed

June 12, 2003

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Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 11, 2003	Applicant Identifier FTA 9016
		<b>3. DATE RECEIVED BY STATE</b>	State Applicant Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>																								
Legal Name: Golden Gate Bridge, Highway and Transportation District		Organizational Unit:																						
Address (give city, county, state, and zip code): P.O. Box 9000, Presidio Station San Francisco, CA 94129		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nina Rannells, Capital and Grant Programs Manager (415) 923-2327																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 6 0 0 0 6 9 6         </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">G</div>																						
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">C</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;">         A. Increase Award      B. Decrease Award      C. Increase Duration          D. Decrease Duration      Other (specify):       </div>		A. State                      H. Independent School Dist. B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal          M. Profit Organization G. Special District        N. Other (Specify) _____																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">           2 0 . 5 0 0         </div>		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration																						
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> FY 2003 Capital Assistance for various projects including San Francisco Lay Berth and Larkspur Dredging		<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); opacity: 0.5;">             RECEIVED              JUN 18 2003              STATE CLEARING HOUSE              1, 6, 8, 12           </div>																						
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Counties of Marin, San Francisco																								
<b>13. PROPOSED PROJECT:</b> Start Date: 07/01/2002      Ending Date: 12/31/2006		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 6 and 8      b. Project: 1, 6, 8, 12																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%; text-align: right;">2,116,161.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">529,040.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">2,645,201.00</td> </tr> </table>		a. Federal	\$	2,116,161.00	b. Applicant	\$	529,040.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	2,645,201.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="margin-top: 10px;">           DATE: June 11, 2003         </div> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	2,116,161.00																						
b. Applicant	\$	529,040.00																						
c. State	\$	0.00																						
d. Local	\$	0.00																						
e. Other	\$	0.00																						
f. Program Income	\$	0.00																						
g. TOTAL	\$	2,645,201.00																						
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes      If "Yes," attach an explanation.      <input checked="" type="checkbox"/> No         </div>																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																								
a. Typed Name of Authorized Representative Celia G. Kupersmith		b. Title General Manager	c. Telephone number (415) 923-2203																					
d. Signature of Authorized Representative 		e. Date Signed 6-10-03																						

## II. General Information

**Applicant Organization's Legal Name:**

City of Los Angeles

**Applicant Agency ORI Number:** C A 0 1 9 4 2

*The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you.*

**Applicant Agency EIN Number:** 9 5 6 0 0 0 7 3 5

*The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, use your IRS EIN number.*

**Federal Congressional District Number:** 25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 46

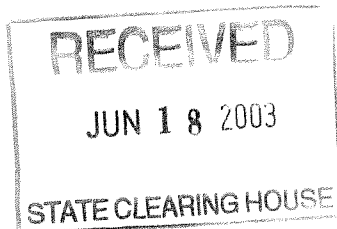
*Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of those districts above.*

**Is your agency contracting for law enforcement services?**

**[Check one]**

☐ Yes ☒ No

*If "yes," enter the name and agency information of the contract law enforcement department in Section III., Executive Information.*



### III. Executive Information

The law enforcement and government executives that appear in this section **must** be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application or remove your application from consideration.

**Law Enforcement Executive's Name:**Title: William J. Bratton, Chief of PoliceAgency Name: Los Angeles Police DepartmentAddress: 150 N. Los Angeles StreetCity: Los Angeles State: CA Zip Code: 90012Telephone: (213) 485-3202 Fax: (213) 485-2719E-mail (if applicable): brattonw@lapd.lacity.org**Type of Law Enforcement Agency:**☒ Municipal ☐ State ☐ County Police Department☐ Sheriff\* ☐ Tribal ☐ Transit\*☐ School\* ☐ Public Housing\*☐ University/College\* Please indicate: (☐ Public or ☐ Private)☐ Other\* (please specify): \_\_\_\_\_

*\* Agency types with an asterisk next to them must complete the appropriate additional questionnaire found in Section IX.*

**Government Executive's Name:**

Title: James K. Hahn, Mayor

Name of Government Entity: City of Los Angeles

Address: 200 N. Spring Street, Room 303

City: Los Angeles State: CA Zip Code: 90012

Telephone: (213) 978-0600 Fax: (213) 978-0656

E-mail (if applicable): jhahn@mayor.lacity.org

**Type of Government Entity:**

- ☐ State      ☒ City      ☐ Town      ☐ County  
☐ Village      ☐ Borough      ☐ Township      ☐ Territory  
☐ Region      ☐ Council      ☐ Community      ☐ Pueblo  
☐ Nation      ☐ School District  
☐ Other (please specify): \_\_\_\_\_

**Contact Information:**

Contact person in your department who is familiar with this grant:

Name: Roberta M. Yang

Title: Deputy Mayor for Public Safety

Telephone: (213) 978-0630 Fax: (213) 978-0889

E-mail (if applicable): ryang@mayor.lacity.org

#### IV. Department Information

Population served as of 2000 U.S. Census: 3,694,820

If the population that your agency serves is not represented by U.S. Census figures (e.g., colleges, special departments), please indicate the size of the population served here: N/A

*Exclude the population primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations covered by a city police department for which the sheriff's department has no primary law enforcement authority.*

**Current budgeted sworn strength as of the date of application.** *The budgeted sworn strength is the number of sworn officer positions your department has allocated for its budget. This number will include all budgeted officer positions, including locally-funded, COPS-funded, vacancies, and other grant-funded officer positions:*

Full-time officers: 9,200 Part-time officers: N/A

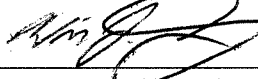
## V. Required Signatures

### **IMPORTANT! PLEASE READ PRIOR TO SIGNING BELOW:**

*Prior to receiving an HSOP grant award, your agency must comply with all application and program requirements set forth in the Public Safety Partnership and Community Policing Act of 1994 and all other requirements of federal law. Your signatures below certify that by submitting this application, your agency is requesting COPS funding only for officer **overtime** which would not otherwise be funded in your agency's budget with state or local funds. **Reminder:** In order to process your agency's funding request, original signatures of the law enforcement and government executives who will have ultimate financial and programmatic authority for this grant are required on all application documents. Faxed copies will **not** be accepted. Stamped or electronic signatures also will **not** be accepted. It is not permissible for someone to sign application forms in place of the law enforcement and/or government executives named in the application. Applications with missing, incomplete or inaccurate signatures or responses may not be considered for funding.*

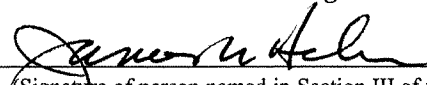
By signing below, I certify that the information provided on this form and on the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law. I also acknowledge that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with Federal civil rights laws and/or is not cooperating with an ongoing Federal civil rights investigation.

#### **Law Enforcement Executive's Signature:**

 Date: 6/12/2003  
(Signature of person named in Section III of this form)

William J. Bratton  
(Print name)

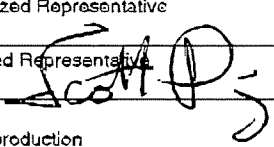
#### **Government Executive's Signature:**

 Date: 6/10/03  
(Signature of person named in Section III of this form)

James K. Hahn  
(Print name)

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED June 2, 2003	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: The University Corporation		Organizational Unit: College of Business Administration & Economics	
Address (give city, county, State, and zip code): California State Univ., Northridge 18111 Nordhoff Street Northridge, CA 91330-8232		Name and telephone number of person to be contacted on matters involving this application (give area code): Dr. Michael Fronmueller (818) 677-2455	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1992732		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div>           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div>           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____         </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		9. NAME OF FEDERAL AGENCY: Small Business Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-043 TITLE: Small Business Development Center		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Los Angeles Region SBDC Lead Center	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, Ventura and Santa Barbara Counties			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/03	Ending Date 12/31/03	a. Applicant 27th	b. Project 27th, 23rd
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,372,418 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/02/03	
b. Applicant	\$ 185,141 <sup>00</sup>	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____ <sup>00</sup>		
d. Local	\$ _____ <sup>00</sup>		
e. Other	\$ 1,295,451 <sup>00</sup>		
f. Program Income	\$ DO NOT COUNT AS MATCH <sup>00</sup>		
g. TOTAL	\$ 2,853,010 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Scott Pérez		b. Title Director of Research	c. Telephone Number (818) 677-2901
d. Signature of Authorized Representative 		e. Date Signed 6/2/03	

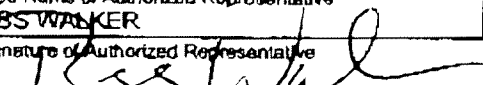
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Prescribed by OMB Circular A-102


# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 13, 2003	Applicant Identifier R09 #03-204
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Willits		Organizational Unit:	
Address (give city, county, State, and zip code): 111 E. Commercial Street Willits CA 95490		Name and telephone number of person to be contacted on matters involving this application (give area code): DeeLynn R. Carpenter (707) 459-4601	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000454		7. TYPE OF APPLICANT: (enter appropriate letter in box) [C]	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, Studies, Investigations & Special Purpose Grant		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Willits		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Willits Long Term Wastewater Infrastructure Improvements and Wetlands Mitigation Project	
13. PROPOSED PROJECT Start Date: 10/1/03 Ending Date: 9/30/04		14. CONGRESSIONAL DISTRICTS OF: 1st Congressional District of California	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 303,600	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/16/2003	
b. Applicant	\$ 248,400	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 552,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative ROSS WALKER	b. Title City Manager	c. Telephone Number (707) 459-4601	
d. Signature of Authorized Representative 		e. Date Signed June 13, 2003	



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 6/13/03		<b>Applicant Identifier</b> 03-284	
		<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> Community Development Agency, County of Marin			<b>Organizational Unit:</b> Environmental Health Services		
<b>Address (give city, county, State, and zip code):</b> County of Marin 3501 Civic Center Drive, Rm 236 San Rafael, CA 94903			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Philip D. Smith, (415) 499-7338		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000519			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> B         </div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Environmental Protection Agency		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Surveys, Special Studies, Special <span style="border: 1px solid black; padding: 0 5px;">66</span> - <span style="border: 1px solid black; padding: 0 5px;">606</span> TITLE: Purpose Grants			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Repair/Upgrade of Septic Systems in East Shore of Tomales Bay, Marin County, CA		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Marin County, California (Tomales Bay)					
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> 4			
<b>Start Date</b> 11/1/03	<b>Ending Date</b> 11/1/06	<b>a. Applicant</b> County of Marin, Comm. Dev. Agn		<b>b. Project</b> Tomales Bay Septic Repair	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
<b>a. Federal</b> \$ 216,800		<b>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</b> DATE 6/13/03			
<b>b. Applicant</b> \$		<b>b. No.</b> <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
<b>c. State</b> \$ 190,000		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
<b>d. Local</b> \$					
<b>e. Other</b> \$					
<b>f. Program Income</b> \$					
<b>g. TOTAL</b> \$ 406,800					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Type Name of Authorized Representative</b> Alex Hinds		<b>b. Title</b> Director, Comm. Dev. Agency		<b>c. Telephone Number</b> (415) 499-7001	
<b>d. Signature of Authorized Repres</b> 		<b>Signed</b> 3/03			

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**Post-it® Fax Note** 7671
 

Date	6/17/03	# of pages	1
To	STATE CLEARING HOUSE		
From	P. SMITH		
Co./Dept.	Grants Coord.		
Co.	County of Marin		
Phone #	415-499-6907		
Fax #	415-323-3018		

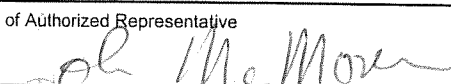
Standard Form 424 (Rev. 7-97)  
 Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 22, 2003		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <u>YOUTH POLICY INSTITUTE (YPI)</u>			Organizational Unit:		
Address (give city, county, State, and zip code): <u>634 S. SPRING</u> <u>LOS ANGELES</u> <u>LOS ANGELES</u>			Name and telephone number of person to be contacted on matters involving this application (give area code) <u>DIXON SLINGERLAND</u> <u>213-688-2802</u> <u>DSLINGERLAND@YPIUSA.ORG</u>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>52-1278339</u>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <u>N</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NON-PROFIT</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: <u>NATIONAL TELECOMMUNICATIONS AND INFORMATION ADMINISTRATION</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>11-552</u> TITLE: <u>TECHNOLOGY OPPORTUNITIES PROGRAM</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>PACOMA WIRELESS SATURATION PROJECT</u>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>LOS ANGELES</u>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date <u>10/1/03</u>	Ending Date <u>9/30/05</u>	a. Applicant <u>CA-34</u>		b. Project <u>CA-28</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>689,450</u> <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$ <u>1,472,797</u> <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ _____ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ _____ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ <u>1,511,152</u> <sup>00</sup>				
f. Program Income	\$ <u>260,697</u> <sup>00</sup>				
g. TOTAL	\$ <u>3,934,097</u> <sup>00</sup>				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative <u>DIXON SLINGERLAND</u>		b. Title <u>DIRECTOR</u>		c. Telephone Number <u>213-688-2802</u>	
d. Signature of Authorized Representative 		e. Date Signed <u>APRIL 22, 2003</u>			

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:  <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED  June 9, 2003	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:  County of Plumas		Organizational Unit:  Planning Department		
Address (give city, county, state and zip code):  520 Main Street, Room 121 Quincy, Plumas County California 95971		Name and telephone number of the person to be contacted on matters involving this application (give area code)  John McMorrow (530) 283-6420		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  9 4 - 6 0 0 0 5 2 8		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 0 5px;">B</span>		
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  2 0 - 1 0 6		9. NAME OF FEDERAL AGENCY:  Federal Aviation Administration		
TITLE: Planning Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Rogers Field, Chester, Plumas County, California Airport Master Plan Update Study Environmental Baseline Studies		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  Chester, Plumas County, California		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>JUN 17 2003</b>   <b>STATE CLEARING HOUSE</b> </div>		
13. PROPOSED PROJECT:  Start Date 2003    Ending Date 2004				
14. CONGRESSIONAL DISTRICTS OF:  a. Applicant 02    b. Project 02				
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 239,400 .00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
b. Applicant	\$ 14,630 .00	DATE June 10, 2003		
c. State	\$ 11,970 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
d. Local	\$ 0 .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 0 .00			
f. Program Income	\$ 0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 266,000 .00	<input type="checkbox"/> Yes    If "Yes," attach an explanation <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative  John McMorrow		b. Title  Airport Coordinator		c. Telephone Number  (530) 283-6420
d. Signature of Authorized Representative  				e. Date Signed  6-13-03

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Standard Form 424 (REV 4-88)

Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED <b>April 22, 2003</b>	Applicant Identifier
TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: <b>Asociacion Campesina Lazaro Cardenas Inc</b> <b>AKA ACLC INC.</b>		Organizational Unit: <b>Non profit housing development agency</b>	
Address (give city, county, State, and zip code): <b>42 N. Sutter Street Suite 406</b> <b>Stockton CA 95202</b>		Name and telephone number of person to be contacted on matters involving this application (give area code) <b>Winnie R. Ontiveros Project Manager</b> <b>(209) 466 6811</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>68-0062062</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right;"><b>N</b></div> A. State                      H. Independent School Dist. B. County                  I. State Controlled Institution of Higher Learning C. Municipal               J. Private University D. Township               K. Indian Tribe E. Interstate               L. Individual F. Intermunicipal         M. Profit Organization G. Special District       N. Other (Specify) <b>Non profit</b>	
8. TYPE OF APPLICATION: <div style="text-align: center;"><input checked="" type="checkbox"/> New    <input type="checkbox"/> Continuation    <input type="checkbox"/> Revision</div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):  _____		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>10-405</b>  TITLE: AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <div style="text-align: right;"><b>RECEIVED</b> <b>JUN 17 2003</b> <b>STATE CLEARING HOUSE</b></div>	
13. PROPOSED PROJECT <b>76 units</b>	14. CONGRESSIONAL DISTRICTS OF: <b>4</b>		
Start Date <b>10/1/03</b>	Ending Date <b>10/1/04</b>	a. Applicant <b>ACLC Inc.</b>	
15. ESTIMATED FUNDING:		b. Project <b>Valle del Sol Townhomes</b>	
a. Federal	\$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
	<b>725,000</b>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE _____	
	<b>65,189</b>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
	<b>2,330,192</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
	<b>250,001</b>		
e. Other	\$		
	<b>413,384</b>		
f. Program Income	\$		
	<b>10,564,566</b>		
g. TOTAL	\$		
	<b>14,348,332 0</b>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
Type Name of Authorized Representative <b>Carol J. Ornelas</b>		b. Title <b>Chief Executive Officer</b>	c. Telephone Number <b>(209) 466 6811</b>
d. Signature of Authorized Representative		e. Date Signed <b>April 22 2003</b>	

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted 06/13/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Citizens Housing Corporation		8. Organizational Unit N/A	
9. Address (give city, county, State, and zip code) A. Address: 26 O'Farrell Street B. City: San Francisco C. County: San Francisco D. State: California E. Zip Code: 94108		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: James M. Buckley B. Title: President C. Phone: 415/ 421-8605 D. Fax: 415/ 421-8605 E. E-mail: jbuckley@citizenshousing.org	
11. Employer Identification Number (EIN) or SSN 68-0309768		12. Type of Applicant (enter appropriate letter in box) <span style="float: right;">N</span> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 -- 157 Title: Supportive Housing for the Elderly Component Title:		16. Descriptive Title of Applicant's Program Section 202 Supportive Housing for the Elderly; will provide 40 units of supportive housing for seniors in San Francisco.	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of San Francisco		18a. Proposed Program start date 9/2003 (Exp. HUD Award)	
18b. Proposed Program end date 3/2005 (Initial Close)		19a. Congressional Districts of Applicant District 8: Pelosi	
19b. Congressional Districts of Program District 8: Pelosi		20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.	
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/13/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	4,218,000	10,000	0	0	0	4,189,212			8,417,212
									0.00
									0.00
									0.00
									0.00
Grand Totals	4,218,000	10,000	0.00	0.00	0.00	4,189,212	0.00	0.00	8,417,212

\* For FHIPs, show both initiative and component

## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

James M. Buckley

Title

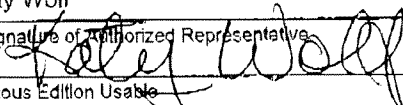
President

Date (mm/dd/yyyy)

06/11/03

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 6/18/03	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Institute for Research and Technical Assistance		Organizational Unit:	
Address (give city, county, State, and zip code): 230 N. Maryland Ave., Suite 103 Glendale, CA 91206		Name and telephone number of person to be contacted on matters involving this application (give area code) Katy Wolf, Ph.D. (818)244-0300	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4253908		7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-profit	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development of Safer Alternatives for HCFC-141b in Aerosol and Handwipe Applications	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/01/2003	Ending Date 9/30/2005	a. Applicant 27th	b. Project 26-38th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 73,720	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/18/03	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 73,720		
a. Type Name of Authorized Representative Katy Wolf		b. Title Director	c. Telephone Number 818-244-0300
d. Signature of Authorized Representative 		e. Date Signed 6/18/03	

# Application for Federal Assistance

## U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

## 1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted 06/13/2003		4. HUD Application Number	
3. Date and Time Received by HUD		5. Existing Grant Number	
		6. Applicant Identification Number	
7. Applicant's Legal Name Eden Housing, Inc.		8. Organizational Unit: 501(c) (3) Non Profit Public Benefit Corporation	
9. Address (give city, county, State, and zip code) A. Address: 409 Jackson Street B. City: Hayward C. County: Alameda County D. State: California E. Zip Code: 94544		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Christine Benguiat B. Title: Project Developer C. Phone: (510) 247-8106 D. Fax: (510) 582-6523 E. E-mail: cbenguiat@edenhousing.org	
11. Employer Identification Number (EIN) or SSN 23-1716750		12. Type of Applicant (enter appropriate letter in box) <b>N</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency <b>U.S. Department of Housing and Urban Development</b>	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 181 Title: Section 811 Component Title:		16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disabilities	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)			
18a. Proposed Program start date 11/2003	18b. Proposed Program end date 11/2043	19a. Congressional Districts of Applicant #13	19b. Congressional Districts of Program #16
20. Estimated Funding: <b>Applicant must complete the Funding Matrix on Page 2.</b>			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date <u>6/9/03</u> B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



**Application for  
Federal Assistance**
**U.S. Department of Housing  
and Urban Development**

OMB Approval No:2501-0017 (exp. 03/31/2005)

## 1. Type of Submission

☒

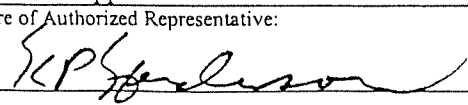
Application

☐

Preapplication

2. Date Submitted 06/13/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Eden Housing, Inc.		8. Organizational Unit N/A	
9. Address (give city, county, State, and zip code) A. Address: 409 Jackson Street B. City: Hayward C. County: Alameda County D. State: California E. Zip Code: 94544		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Marian Gushiken B. Title: Associate Director of Development C. Phone: (510) 582-1460 D. Fax: (510) 582-6523 E. E-mail: mgushiken@edenhousing.org	
11. Employer Identification Number (EIN) or SSN 23-176750		12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 157 Title: Section 202 Supportive Housing for the Elderly Component Title:		16. Descriptive Title of Applicant's Program Section 202 Supportive Housing for the Elderly	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Dublin			
18a. Proposed Program start date 11/2003	18b. Proposed Program end date 11/2043	19a. Congressional Districts of Applicant #13	19b. Congressional Districts of Program #16
20. Estimated Funding: <b>Applicant must complete the Funding Matrix on Page 2.</b>			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/9/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>  1. TYPE OF SUBMISSION Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. Date Submitted		Applicant Identifier 94 - 2270812	
		3. Date Received		State Application Identifier	
		4. Date Received by Federal Agency		Federal Identifier G 009216 - 03 - 0	
5. Applicant Information					
Legal Name : Department of Conservation			Organizational Unit: Division of Oil, Gas, and Geothermal Resources		
Address (give city, county, state and zip code) 801 K. Street, MS 20 - 20 Sacramento, CA 95814-3530			Name and telephone number of the person to be contacted on matters involving this application (give area code.)  Michael Stettner (916) 323-1781		
6. EMPLOYER IDENTIFICATION (EIN)  94 - 2270812			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal        M. Profit Organization G. Special District        N. Other (Specify) : _____		
8. TYPE OF APPLICATION v New                      Continuation                      Revision If revision, enter appropriate letter(s) in box(es) : A. Increase Award        B. Decrease Award C. Increase Duration      D. Decrease Duration Other Specify: _____			9. NAME OF FEDERAL AGENCY:  U.S. ENVIRONMENTAL PROTECTION AGENCY		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.433</u>  TITLE: Underground Injection Control			10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Underground Injection Control Program for Class II Well Injection		
11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):					
13. PROPOSED PROJECT:  Start Date                      End Date 10 - 1 - 02                      9 - 30 - 2003		14. CONGRESSIONAL DISTRICT OF:  a. Applicant: Department of Conservation Division of Oil, Gas, and Geothermal Resources  b. Project Statewide			
15. Estimated Funding: a. Federal \$ 477,043 b. Applicant \$ 159,933 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 636,976			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. <u>YES</u> , THIS PREAPPLICATION/ APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON :  DATE: <u>5-30-03</u>  b. NO PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DEPINQUENT ON ANY FEDERAL DEBT?  Yes If "Yes" attach an explanation.                      v No			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative:  <u>Hal Bopp</u>		b. Title:  State Oil and Gas Supervisor		c. Telephone Number:  (916) 445-9686	
d. Signature of Authorized Representative:  				e. Date Signed:  <u>5-30-03</u>	

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

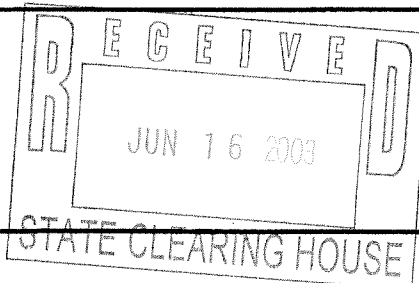
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 12, 2003	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: PIXLEY UNION SCHOOL DISTRICT		Organizational Unit: SCHOOL/COMMUNITY DEVELOPMENT	
Address (give city, county, State, and zip code): 300 N. SCHOOL ST., DRAWER P PIXLEY, TULARE COUNTY, CA 93256		Name and telephone number of person to be contacted on matters involving this application (give area code): Rachele Berglund Bailey (559) 757-3131 x148	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]		7. TYPE OF APPLICANT: (enter appropriate letter in box) [H] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): JUN 16 2003		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: STATE CLEARING HOUSE 10-71616 TITLE: ECONOMIC IMPACT INITIATIVE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Video Technology Project to enhance teaching and learning for Pixley learners.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): PIXLEY, CA (TULARE COUNTY)			
13. PROPOSED PROJECT AUG		14. CONGRESSIONAL DISTRICTS OF: 21ST DISTRICT; DEVIN NUNES	
Start Date AUG 2003	Ending Date MAY 2004	a. Applicant PIXLEY UNION SCHOOL DISTRICT	b. Project VIDEO TECHNOLOGY PROJECT
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,541	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6.16.03	
b. Applicant	\$ 27,900	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 103,441	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative W. WAYNE CLARK		b. Title SUPERINTENDENT	c. Telephone Number 559.757.3131
d. Signature of Authorized Representative W. Wayne Clark		e. Date Signed 6.14.03	

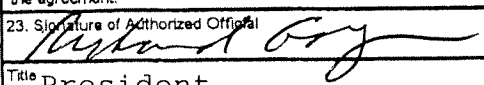
## EXHIBIT 8(a)

Application for  
Federal AssistanceU.S. Department of Housing  
and Urban Development

OMB Approval No. 2501-0017 (exp. 03/31/2005)

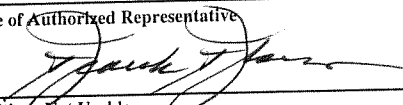
1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted June 13, 2003	4. HUD Application Number
		3. Date and Time Received by HUD	5. Existing Grant Number
			6. Applicant Identification Number
7. Applicant's Legal Name California Autism Foundation		8. Organizational Unit	
9. Address (give city, county, State, and zip code) A. Address: 4075 Lakeside Drive B. City: Richmond C. County: Contra Costa D. State: California E. Zip Code: 94806		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Katherine Crecelius B. Title: Consultant C. Phone: 415-892-9706 D. Fax: 415-892-8835 E. E-mail: creceliusk@aol.com	
11. Employer Identification Number (EIN) or SSN 68-0149447		12. Type of Applicant (enter appropriate letter in box) <b>N</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Section 811 Component Title: Supportive Housing for 14-181		16. Descriptive Title of Applicant's Program Construction of 9 apartments for very low income persons with developmental disabilities	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County			
18a. Proposed Program start date 6/04	18b. Proposed Program end date 4/05	19a. Congressional Districts of Applicant 7	19b. Congressional Districts of Program 7
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/11/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix									
The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.									
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
811	1183179	276901	300000		630000		90000		2480080
Grand Totals	1183179	276901	300000		630000		90000		2480080
* For FHIPs, show both initiative and component									
<b>Certifications</b> <p>I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.</p> <p>Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.</p> <p>This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.</p>									
23. Signature of Authorized Official 					Name (printed) Richard Goldberg				
Title President					Date (mm/dd/yyyy) 06/10/2003				

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name Los Angeles County Metropolitan Transportation Authority			Organizational Unit: <b>Programming and Policy Analysis</b>		
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>			Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Steve Henley (213) 922-3093</b>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 440 1975</b>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>  A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____		
8. TYPE OF APPLICATION:  New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): A – increase award  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration   Other (specify)			9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 500</b> <b>TITLE 49 U.S.C. § 5309</b>			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Regional Grantee Buses and Facilities</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  Cities of Burbank, Glendale, Palmdale and South Pasadena in Los Angeles County, CA					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>07-01-2001</b>		Ending Date <b>3/31/2005</b>		a. Applicant 25 through 39, 42, 46	
				b. Project <b>25, 27, 28, and 29</b>	

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 1,237,537.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>06/12/2003</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 8,362,107.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 9,599,644.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative  <b>FRANK FLORES</b>		b Title Deputy Executive Officer, Programming & Policy Analysis	c Telephone number <b>(213) 922-2456</b>
d. Signature of Authorized Representative 		e. Date Signed <b>6/11/2003</b>	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: Address (give city, county, state, and zip code):  Fresno County Fire Protection Dist. 210 South Academy Sanger, California 93657	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code)  Gabriel Arriaga (559) 297-0806
--	--

## 6. EMPLOYER IDENTIFICATION (EIN):

9 4 - 1 7 5 0 5 1 1

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

G

A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify)

## 9. NAME OF FEDERAL AGENCY:

USDA- Rural Development

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 6

TITLE:

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Fire Protection Equipment

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Del Rey, California  
San Joaquin, California

## 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:

Start Date 7/2003	Ending Date 12/2003	a. Applicant C. Dooley - 20th Dist
----------------------	------------------------	---------------------------------------

b. Project C. Dooley - 20th Dist
-------------------------------------

## 15. ESTIMATED FUNDING

a. Federal	\$ 55,384	.00
b. Applicant	\$ 18,461	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. Total	\$ 73,845	.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Larry German	b. Title Division Chief	c. Telephone Number (559) 485-7500
d. Signature of Authorized Representative <i>Larry German</i>	e. Date Signed 6-9-2003	

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted

6/13/03

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

AHEPA National Housing Corporation

8. Organizational Unit

9. Address (give city, county, State, and zip code)

A. Address: 7202 N. Shadeland Ave. Suite 100

B. City: Indianapolis

C. County: Marion

D. State: Indiana

E. Zip Code: 46250

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Demetri N. Damaskos

B. Title: Director of Development

C. Phone: 317-845-5890

D. Fax: 317-567-0031

E. E-mail: ddamaskos!@ahepamgmt.org

11. Employer Identification Number (EIN) or SSN

52-1295814

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

☐ ☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 -- 157

Title: SECTION 202 CA

Component Title: HOUSING FOR THE LOW INCOME ELDERLY

16. Descriptive Title of Applicant's Program

CONSTRUCTION OF ONE BEDROOM UNITS  
INDEPENDENT LIVING FOR SENIORS

17. Areas affected by Program (boroughs, cities, counties, States,  
Indian Reservation, etc.) SAN BERNARDINO, CALIFORNIA

18a. Proposed Program start date

6/5/04

18b. Proposed Program end date

6/5/06

19a. Congressional Districts of Applicant

16th - Indiana

19b. Congressional Districts of

Program Project - 43rd

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

☒

This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 5/14/03

B. No

☐

Program is not covered by E.O. 12372

☐

Program has not been selected by State for review.

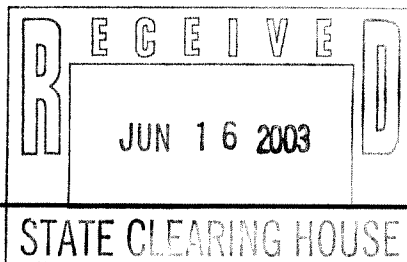
22. Is the Applicant delinquent on any Federal debt?

☒

No

☐

Yes If "Yes," explain below or attach an explanation.





## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
SECTION 202 CA	6,103,844.00	25,000.00							6,129,046.00
									0.00
									0.00
									0.00
									0.00
<b>Grand Totals</b>	<b>6,103,844.00</b>	<b>25,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,128,844.00</b>

\* For FHIPs, show both initiative and component

## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official



Name (printed)

Nick Stratas

Title

President

Date (mm/dd/yyyy)

05/27/2003

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION	
Legal Name:	Organizational Unit:
Address (give city, county, State, and zip code): Fresno County Fire Protection District 210 South Academy Sanger, California 93657	Name and telephone number of person to be contacted on matters involving this application (give area code): Gabriel Arriaga (559) 297-0806
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1750511	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div>           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div>           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">G</div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fire Protection Equipment
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mendota, California	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date    Ending Date 7/2003    12/2003	a. Applicant    b. Project C. Dooley - 20th Dist.    C. Dooley - 20th Dist.
15. ESTIMATED FUNDING:	
a. Federal	\$ 5,416.00
b. Applicant	\$ 4,430.00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 9,846.00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Larry German	b. Title Division Chief
d. Signature of Authorized Representative <i>Larry German</i>	c. Telephone Number (559) 485-7500
e. Date Signed 6-7-2003	

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

JUN 16 2003

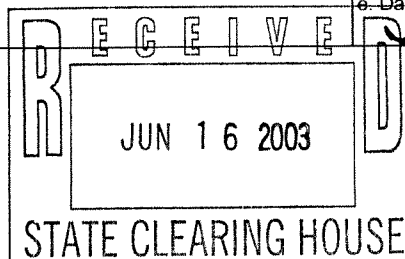
STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 13, 2003	Applicant Identifier																					
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																					
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier																					
<b>5. APPLICANT INFORMATION</b>																								
Legal Name: Pacific Senior Housing, Inc.		Organizational Unit:																						
Address (give city, county, State, and zip code): 10412 SE 82'd Ave., Portland, OR 97266		Name and telephone number of person to be contacted on matters involving this application (give area code) Dave Bilby 503-788-8806																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 — 3 2 6 0 9 2 5		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div>           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u> </div> </div> <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; line-height: 20px; margin: 0 auto;">N</div>																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right;">1 0 — 7 6 6</div> TITLE: Community Facility Loan		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Purchase exisiting 56 unit assisted living facility and convert from for-profit ownership to non-profit ownership to provide affordable assisted living project to Nevada County																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Grass Valley, Nevada County, CA																								
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>																						
Start Date 2/1/04	Ending Date 4/1/04	a. Applicant b. Project 4th District																						
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">4,500,000<sup>00</sup></td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;"><sup>00</sup></td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;"><sup>00</sup></td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;"><sup>00</sup></td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;"><sup>00</sup></td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;"><sup>00</sup></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">4,500,000<sup>00</sup></td></tr> </table>		a. Federal	\$	4,500,000 <sup>00</sup>	b. Applicant	\$	<sup>00</sup>	c. State	\$	<sup>00</sup>	d. Local	\$	<sup>00</sup>	e. Other	\$	<sup>00</sup>	f. Program Income	\$	<sup>00</sup>	g. TOTAL	\$	4,500,000 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>06/13/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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b. Applicant	\$	<sup>00</sup>																						
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<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																								
a. Type Name of Authorized Representative <u>John K. Meyer</u>		c. Telephone Number <u>503-221-9598</u>																						
d. Signature of Authorized Representative <u>John Meyer</u>		e. Date Signed <u>June 13, 2003</u>																						

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